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Please type a plus sign (+) inside this box ☐ Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	P00245US D
	First Inventor	Charles J. Arntzen
	Title	VACCINES EXPRESSED IN PLANTS
	Express Mail Label No.	EL515383035US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 46] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]</p> <p>5. Oath or Declaration [Total Pages 11]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09, 111,330

Prior application information: Examiner Mosher, M. Group / Art Unit: 1643

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label 22885 (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below					
Name	Heidi S. Nebel				
Address	Zarley, McKee, Thomte, Voorhees & Sease, P.L.C.				
City	Des Moines	State	Iowa	Zip Code	50309-2721
Country	USA	Telephone	515-288-3667	Fax	515-288-1338

Name (Print/Type)	Heidi S. Nebel	Registration No. (Attorney/Agent)	37,719
Signature	<i>Heidi S. Nebel</i>	Date	9/29/00

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jc913 U.S. PTO
09/29/00

PATENT
Attorney Docket: P00245USD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

jc913 U.S. PTO
09/29/00
09/676734

APPLICANT: Arntzen, Charles J., et al. ART UNIT: 1641
SERIAL NO: (Continuation of 09/111,330)
FILED:
TITLE: VACCINES EXPRESSED IN PLANTS

STATEMENT UNDER 37 C.F.R. § 3.73(b)
ESTABLISHING RIGHT OF ASSIGNEE TO TAKE ACTION

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

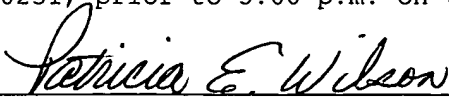
PRODIGENE, INC., the assignee of the entire right, title and interest hereby seeks to take action in the PTO in this matter.

An assignment from inventor Charles J. Arntzen to Terramed, Inc. was recorded in the PTO in the parent case (SN 07/750,049 filed August 26, 1991) at Reel/Frame 8138/0405 on September 26, 1996; from inventor Dominic Man-Kit Lam to Terramed, Inc. was recorded in the PTO in the parent case (08/479,742 filed June 7, 1995) at Reel/Frame 8763/0499 on October 7, 1997; from Terramed, Inc. to Prodigene, Inc. was recorded in the PTO in the parent

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CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that this document and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service in an envelope as "Express Mail Post Office to Addressee" addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, prior to 5:00 p.m. on the 29th day of September, 2000.


Patricia E. Wilson
Express Mail Label # EL515383035US

case (SN 08/479,742 filed June 7, 1995) at Reel/Frame 8763/0450
on October 7, 1997.

Respectfully submitted,



Heidi S. Nebel, Reg. No. 37,719
ZARLEY, McKEE, THOMTE, VOORHEES
& SEASE

801 Grand Avenue, Suite 3200
Des Moines, Iowa 50309
Phone No. (515) 288-3667
Fax No. (515) 288-1338
CUSTOMER NO: 22885

Attorneys of Record

- pw -

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**FEE TRANSMITTAL
for FY 2000**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 564.00**Compleat if Known**

Application Number	
Filing Date	September 29, 2000
First Named Inventor	Charles J. Arntzen
Examiner Name	Mosher, M.
Group Art Unit	1643
Attorney Docket No.	P00245USJ

913 U.S. PRO
09/29/00

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 26-0084 Deposit Account Name: ZARLEY, McKEE, THOMTE <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - 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2. EXTRA CLAIM FEES Total Claims: 27 - 20** = 7 x 9 = 63 Independent Claims: 7 - 3** = 4 x 39 = 156 Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/> **or number previously paid, if greater; For Reissues, see below Large Entity Small Entity <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table>		Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	78	202	39	Independent claims in excess of 3		104	260	204	130	Multiple dependent claim, if not paid		109	78	209	39	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (1) (\$) 345 SUBTOTAL (2) (\$) 219.00																																																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Heidi S. Nebel	Registration No. (Attorney/Agent)	37,719
Signature		Telephone	515-288-3667
		Date	9/29/00

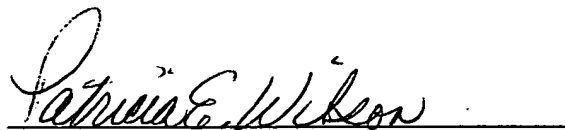
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SCANNED, # 14

CERTIFICATE OF MAILING

I hereby declare that the attached Patent Application and filing fee has been mailed by U.S. Postal Service's "Post Office to Addressee" Express Mail service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, Box Patent Application, prior to 5:00 p.m. on the 29th day of September, 2000.



Patricia E. Wilson

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